ATHLETIC EMERGENCY CARD

As a Parent or Guardian of :

_____

Last Name First Middle

Please sign one of the following;

In case of an emergency occasioned by accident or injury, ***I DO*** give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital .

_____

Parent/Guardian Signature Date

In case of an emergency occasioned by accident or injury, ***I DO NOT*** give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital .

_____

Parent/Guardian Signature Date

ATHLETIC EMERGENCY CARD (PLEASE PRINT CLEARLY)

Name: _____

Any Medical Conditions/Allergies: _____

_____

Date of Birth: _____ Home Phone #: _____

Father's Full Name: _____

Home Address: _____

Cell #: _____ Work #: _____

Mother's Full Name: _____

Home Address: _____

Cell #: _____ Work #: _____

Alternate Contact Person: _____

Relationship: _____ Phone #: _____

Insurance Company Name: _____

Policy #: _____

Family Doctor: _____

Doctor Phone #: _____

Family Dentist: _____

Dentist Phone #: _____